



ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM		10/1/46
O.I.P.E. CLASSIFIER	SM	5	10/21
FORMALITY REVIEW		65955	10/29

INDEX OF CLAIMS

Rejected N Non-elected
Allowed I Interference
(Through numeral) A Appeal
Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
1	10/1/46	51		101	
2	10/1/46	52		102	
3	10/1/46	53		103	
4	10/1/46	54		104	
5	10/1/46	55		105	
6	10/1/46	56		106	
7	10/1/46	57		107	
8	10/1/46	58		108	
9	10/1/46	59		109	
10	10/1/46	60		110	
11	10/1/46	61		111	
12	10/1/46	62		112	
13	10/1/46	63		113	
14	10/1/46	64		114	
15	10/1/46	65		115	
16	10/1/46	66		116	
17	10/1/46	67		117	
18	10/1/46	68		118	
19	10/1/46	69		119	
20	10/1/46	70		120	
21	10/1/46	71		121	
22	10/1/46	72		122	
23	10/1/46	73		123	
24	10/1/46	74		124	
25	10/1/46	75		125	
26	10/1/46	76		126	
27	10/1/46	77		127	
28	10/1/46	78		128	
29	10/1/46	79		129	
30	10/1/46	80		130	
31	10/1/46	81		131	
32	10/1/46	82		132	
33	10/1/46	83		133	
34	10/1/46	84		134	
35	10/1/46	85		135	
36	10/1/46	86		136	
37	10/1/46	87		137	
38	10/1/46	88		138	
39	10/1/46	89		139	
40	10/1/46	90		140	
41	10/1/46	91		141	
42	10/1/46	92		142	
43	10/1/46	93		143	
44	10/1/46	94		144	
45	10/1/46	95		145	
46	10/1/46	96		146	
47	10/1/46	97		147	
48	10/1/46	98		148	
49	10/1/46	99		149	
50	10/1/46	100		150	

BEST AVAILABLE COPY If more than 150 claims or 10 actions
stamp additional sheet here
(LEFT INSIDE)